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APPLICANTS

Sylvana Miceli, West Orange, NJ;

** CONTINUING DATA *None HM* *****

** FOREIGN APPLICATIONS *None HM* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *Hunt Mai* Initials

ADDRESS
 27162
 CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI,
 STEWART & OLSTEIN
 5 BECKER FARM ROAD
 ROSELAND , NJ
 07068

TITLE
 MAKEUP EYEGLASSES

FILING FEE RECEIVED 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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